

Independent Living Monthly Mentor Report

Youth Name: _____ **Mentor Name:** _____

Reporting Month & Year: _____

Monthly Income & Resources	Amount
Employment	\$
Financial Aid	\$
SSI	\$
Cash Assistance	\$
Food Assistance	\$
Roommate / Family Support	\$
DCF IL (<i>Subsidy or ETV</i>) Support	\$
Total Monthly Income & Resources	\$

Monthly Expenses	Amount
Housing	\$
Food	\$
Electricity	\$
Gas/Propane	\$
Water	\$
Sewer	\$
Cable/Internet	\$
Trash	\$
Total Utilities	\$
Healthcare <i>(premiums, co-pays, prescriptions, etc.)</i>	\$
Clothing / Personal Care / Hygiene	\$
Insurance / Tags / Taxes	\$
Gas	\$
Repairs	\$
Bus Pass	\$
Rides / Other	\$
Total Transportation	\$
Loans / Credit Card / Debt <i>(car payment, credit cards, rent-to-own, etc.)</i>	\$
School / Work Expenses	\$
Cell Phone	\$
Daycare/Child Support <i>(excluding DCF daycare assistance or garnishment)</i>	\$
Home Maintenance	\$
Recreation/Entertainment	\$
Savings	\$
Total Monthly Expenses	\$

Mentor Comments or Concerns:

Youth Comments or Concerns:

This report will be due by the 5th of the month, following the month for which you are reporting.

Youth's Signature: _____ Date: _____

Mentor's Signature _____ Date: _____

Date Reviewed by the IL Coordinator: _____

IL Coordinator Signature: _____

